

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 18 1937

37819

1. PLACE OF DEATH

County Iroch Registration District No. 2911
 Township Acadia Primary Registration District No. 4230
 City Ironton (No. _____) St. _____ (Ward) _____

2. FULL NAME Mary Sophronia Holladay

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram N. Holladay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

FATHER 13. NAME Samuel Haynie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Katherine Farrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hiram N. Holladay (ADDRESS) Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE 10/6 19. 37

19. UNDERTAKER White & Son Ironton Mo. (ADDRESS)

20. FILED 204 1937 R. A. Rausch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 . 37

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37, 19____, to 10-4-37, 19____.

I last saw her alive on October 4, 1937. Death is said to have occurred on the date stated above, at 8.40A.

The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Pneumonia bronchial

Other contributory causes of importance: myocarditis

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) George E. Gay, M. D.
 (Address) Ironton, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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